Application For Summer Reading Program Assistant
Albuquerque/Bernalillo County Libraries
Ages 12 - 18
(must be 12 at time application is turned in)
Level II Volunteer

Thank you for your decision to Make a Difference in our community by volunteering to be a Summer Assistant at the library.

City policy requires anyone who wishes to volunteer at the library to submit a Volunteer Application which includes your consent to the performance of a background investigation by the Albuquerque Police Department.

You will be notified when the background check is completed. Volunteer service may not begin until you have received this clearance. Thank you for your understanding and patience.

To maintain the security and confidentiality of your information, the Volunteer Application and the photocopy of your ID will be filed in a secure area of the Main Library. The Summer Assistant form will be kept on file at the branch where you are volunteering.

<ins>Instructions</ins>

1. Please fill out the city Volunteer Application completely, including your social security number. Any question that does not apply to you, please draw a line.

2. Sign and date the form. You may wish to retain a copy for your own records.

3. Fill out the Summer Assistant form.

4. When you bring in your applications, please bring a photo ID (like a school ID). We will make a photocopy of your ID to attach to your application. (If you do not have a school ID, please inform the librarian when you turn in your application.)

5. Bring the application to the Children's Librarian or the Manager at the library where you wish to volunteer.

If you have any questions, please contact the Children's Librarian or the Manager at the library where you would like to volunteer. Or you may contact the library's Volunteer Coordinator, Deanne Howland at (505) 768-5128.

Thank you for your cooperation in supporting the Mayor's efforts to provide a safe and secure environment in our public libraries.

2/11/10

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Please Print. Return form to staff at the branch where you would like to assist.

Today's Date: _____   Date of Birth: _____

Name: _____   Nickname: _____

Mailing Address: _____

City: _____   Zip Code: _____

Phone: _____   Email Address: _____

IN EMERGENCY NOTIFY: _____   **Phone:** _____

Interests/Hobbies/Special Skills

_____

_____

Days of week and time of day available to help

_____

_____

Dates not available

_____

This form will be kept on file. You must also fill out the City Background Investigation Waiver and Liablility Release Form.

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Staff Use Only

Branch _____        Supervisor_____

City Waiver sent to Admin on  _____   Approved _____

Orientation/Timesheet  _____   Start Date _____

Schedule  _____
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Make Waves
at Your Library
2010

2/11/10